

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009373

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** COPPER COVE SINGLE FAMILY RESIDENTIAL NEIGHBORHOOD I ASSOCIATION INC.

**Current Principal Place of Business:**

1833 HENDRY STREET  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2000 INTERSTATE PARK DRIVE  
MONTGOMERY, AL 36109

**New Mailing Address:**

5251 HAMPSTEAD HIGH STREET  
UNIT 203  
MONTGOMERY, AL 36116

**FEI Number:** 20-5689092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHIELDS, CHRISTOPHER J  
1833 HENDRY ST.  
FT. MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FARRIOR, ALAN S  
Address: 2000 INTERSTATE PARK DR. STE 300  
City-St-Zip: MONTGOMERY, AL 36109

Title: VPD ( ) Delete  
Name: TUCKER, BRYAN K  
Address: 2000 INTERSTATE PARK DR. STE 300  
City-St-Zip: MONTGOMERY, AL 36109

Title: STD ( ) Delete  
Name: DAVIS, JAMES  
Address: 2000 INTERSTATE PARK DR. STE 300  
City-St-Zip: MONTGOMERY, AL 36109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FARRIOR, ALAN S  
Address: 5251 HAMPSTEAD HIGH ST UNIT 203  
City-St-Zip: MONTGOMERY, AL 36116

Title: VPD (X) Change ( ) Addition  
Name: TUCKER, BRYAN K  
Address: 5251 HAMPSTEAD HIGH ST UNIT 205  
City-St-Zip: MONTGOMERY, AL 36116

Title: STD (X) Change ( ) Addition  
Name: DAVIS, JAMES W  
Address: 5251 HAMPSTEAD HIGH ST UNIT 203  
City-St-Zip: MONTGOMERY, AL 36116

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. DAVIS

STD

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date